

8-11-06

RCE  
cc

Application No.: 10/612,648  
Request For Continued Examination

Attorney. Docket. No. 350957-0505  
Deposited August 9, 2006



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Clouatre  
Title: (-) – Hydroxycitric Acid For Controlling Inflammation


Application. No.: 10/612,648

Filing Date: July 2, 2003

Examiner: Fay, Zohreh A.

Art Unit: 1618

Confirmation Number: 3676

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
<b>EV 901362178 US</b>	<b>August 9, 2006</b>
(Express Mail Label Number)	(Date of Deposit)
<b>Devora L. Gavel</b>	
(Printed Name)	
	
(Signature)	

**REQUEST FOR CONTINUED EXAMINATION (RCE)**  
**TRANSMITTAL**

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

1. Submission required under 37 C.F.R. §1.114: (check items that apply)

a. Previously submitted:

08/14/2006 YPOLITE1 00000023 10612640  
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395.00 op

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b. Enclosed are:

☒ Amendment/Reply.

Miscellaneous:

☐ Suspension of action of the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of \_\_\_ months.

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$790.00	= \$790.00
Total Claims:	6	- 6	= 0	x \$50.00	= \$0.00
Independents	1	- 1	= 0	x \$200.00	= \$0.00
First presentation of any Multiple Dependent Claims:				+ \$360.00	= \$0.00
CLAIMS FEE TOTAL:					= \$790.00

☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

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<input type="checkbox"/>	Extension for response filed within the first month:	\$120.00	0	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$450.00		\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$1,020.00		\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,590.00		\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$2,160.00		\$0.00
	EXTENSION FEE SUBTOTAL:			\$0.00
	EXTENSION FEE ALREADY PAID:	-		\$0.00
	EXTENSION FEE TOTAL			\$0.00
	CLAIMS AND EXTENSION FEE TOTAL:			\$790.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):			\$395.00
<input type="checkbox"/>	Suspension of action requested under 37 C.F.R. § 1.103(c)			\$0.00
	TOTAL FEE:			\$395.00

A credit card payment form in the amount of \$395.00 to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-3431 **Reference No. 350957-0505**. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-3431 **Reference No. 350957-0505**.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date August 9, 2006

By 

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Customer Number: 48329  
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